

BRIGHT FROM THE START
GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING

EXEMPTION APPLICATION GUIDELINES

- You may apply for a program to be exempt from licensure only if that program requires a child care learning center or group day care home license and meets the criteria for an exemption. This includes any group care of children 17 years old and under in a setting other than a residence. (Family Day Care Homes are not eligible to apply for exemptions). Exempt programs are not required to comply with the child care rules other than the exemption rules, Rule 591-1-1-.46(1)(a) Exemption Requirements and Rule 591-1-1-.46(1)(b) Exemption Categories. All rules and forms are available at www.decal.ga.gov.
- Do not submit an exemption application if this program will be operated in a private residence or family day care home. There are no exemptions for programs operated in these locations. A child care program for more than two children for pay in a private residence requires a family day care home registration, whether it is a full-time or part-time program.
- Complete a separate Description of Services page (page 3) for each exemption category you are applying for.
- Complete a separate Exemption Application for each location.
- Complete Attachment A for the religious/faith-based exemption (#14).
- Complete every section of the exemption and attach all applicable pages and supporting documents to include:
 1. _____ Program name and location: the actual site address and county, phone number, website, if applicable, and e-mail address (**required**).
 2. _____ Contact information for the person available to answer questions or provide additional information; must include a current and valid e-mail address (**required**).
 3. _____ Program ownership – check one type of ownership and include the legal name of the owner, which would be the name(s) of the individual, the partners, the corporation, the LLC, or the association; if government-owned and operated, include the name of the government agency or department.
 4. _____ **Required only when there is a licensed child care program operating on the same property:** site plan showing the location of the building(s), parking, and outdoor play area and a floor plan showing the rooms designated for each program (licensed and proposed exempt programs), toileting facilities, entrances and exits.
 5. _____ Months, days and hours of operation; ages of children served; specific dates of operation for the next 12 months; for example, a day camp may operate 5/25/12 – 9/1/12.
 6. _____ **Required for categories 3, 4 and 14:** Copy of current accreditation certificate or letter. (See Attachment A for additional requirements for Category #14)
 7. _____ **Required for category 13 (free programs):** copy of the program's operating budget, written identification of the funding source(s) and copy of a form parents will sign acknowledging they have been informed this program is free of any charge. This includes in-kind donations and monetary donations from parents. Business, community or other outside donations are not included and may be accepted.
 8. _____ Sample copy of the form parents will sign indicating they have been advised and understand the program is not licensed.
 9. _____ Copies of printed materials that support and verify the information on the application, such as written policies, advertisements, flyers, brochures, parent handbooks, etc.
 10. _____ Application notarized

Mail completed application and supporting documentation to: Bright from the Start
Or fax to 404-657-8936 Georgia Department of Early Care and Learning
www.decal.ga.gov 2 Martin Luther King Jr. Drive, SE, 670 East Tower
Child Care Services: 404-657-5562 Atlanta, Georgia 30334

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KEEP A COPY OF ALL DOCUMENTS FOR YOUR RECORDS
EXEMPTION APPLICATION

REASON FOR SUBMITTING THIS APPLICATION (check one)

- ☐ New Exemption ☐ Change of Location (List previous address) _____
- ☐ Change in Program Operation (Explain the change(s) _____

APPLICANT CONTACT INFORMATION

First name _____ MI _____ Last name _____

Mailing address (Street or P.O. Box) _____

City _____ State _____ Zip _____ County _____

Main contact number _____

Alternate contact number _____

E-mail (required) _____

PROGRAM LOCATION INFORMATION

Program name _____

Street address _____

City _____ State _____ Zip _____ County _____

Phone number _____

E-mail (required) _____

Website _____

PROGRAM OWNERSHIP (check one):

- ☐ Individual ☐ Association ☐ Partnership ☐ LLC ☐ Corporation ☐ Government

Legal owner (name(s) of individual, partners, corporation, LLC, association, government agency/department):

Please answer the following questions before continuing to complete this application:

1. What is the tax status of the organization/program? ☐ Profit ☐ Non-profit
2. Is this location a private residence OR do you operate a family day care home at this location? ☐ Yes ☐ No
If Yes, this program is not eligible for an exemption.
3. Have you submitted an application to become licensed at this location?
☐ Yes ☐ No If Yes, what is the name of your assigned Applicant Services Unit consultant? _____
4. Do you operate a family day care home at another location? ☐ Yes ☐ No If Yes, list the address on the line below:

5. Are there any programs currently operating at this address that have **ever** been granted or denied an exemption? ☐ YES ☐ NO **If YES,**
complete the following: Program name _____
Exemption approval date _____ Type of exemption _____

Is there a licensed child care program operating at this address, on this campus, or anywhere on this property? ☐ YES ☐ NO
If YES, complete 1-3 below. The application will not be processed without this information.

1. Program name: _____
2. License number: _____
3. **Attach** a site plan and floor plan showing the location of building(s) and outdoor play space, the rooms designated for the licensed program and for the pending exempt program, toileting facilities, entrances and exits.

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Description of Services

Complete a separate Description of Services page (page 3 of the Exemption Application) for each different category or location.
EXEMPTION CATEGORIES 591-1-1-.46(1)(b)1-14 - Check only one (Go to www.decal.ga.gov for complete exemption rules)

- | | |
|---|--|
| 1. <input type="checkbox"/> Government-owned and operated
2. <input type="checkbox"/> Private education programs/5 years & older/school day
3. <input type="checkbox"/> Before/after-school program operated by accredited private school
4. <input type="checkbox"/> Accredited 4's program operated by accredited private elementary/secondary school
5. <input type="checkbox"/> Parent's morning/night out for no more than 4 hrs/day; 8 hrs/week
6. <input type="checkbox"/> Nursery school, playschool, kindergarten, etc. for ages 2-6 yrs; no more than 4 hrs/day
7. <input type="checkbox"/> Day camp for 5 years & older; no more than 12 hrs/day
8. <input type="checkbox"/> Short-term educational/recreational activities/classes | 9. <input type="checkbox"/> Short-term child care operated on premises; parents on-site
10. <input type="checkbox"/> Instructional, single-skill-based programs operated after the customary school day
11. <input type="checkbox"/> Short-term educational program for 5 yrs & older; offers specialized services
12. <input type="checkbox"/> Program/facility for 5 years & older operated by national membership non-profit organization
13. <input type="checkbox"/> Group care for children for no pay
14. <input type="checkbox"/> Religious/faith-based exemption: <u>also requires completion of Attachment A.</u> |
|---|--|

Months of operation (check one):

- ☐ Year-round ☐ School year only ☐ School breaks (summer only)
☐ School breaks (summer & other) ☐ Other (specify) _____

Days of operation (Check all that apply)

- ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

Ages of children served:

From _____ to _____

Dates of operation for the next 12 months:

Hours of operation:

From _____ to _____

Is this program currently operating? ☐ Yes ☐ No **If Yes,** what date did the program begin operating? _____

Are fees charged for services?

- ☐ Yes ☐ No

If NO fees are charged, the following documents must be submitted with the application:

1. A copy of the operating budget for the program,
2. Written identification of the funding source(s),
3. Copy of a form parents will sign acknowledging they have been informed this program is free.

Is this program currently accredited? ☐ Yes ☐ No **If Yes,** by what organization? _____

Attach a copy of the current accreditation certificate or letter. (*Proof of current accreditation is only required for Categories 3,4 and 14*)

Are any children present at times other than as described above (before or after normal operating hours, before or after school, during school holidays or breaks, summer, teacher workdays, etc.) that do not have a license or an exemption? ☐ Yes ☐ No

If Yes, complete a separate Exemption Application for each other time any children are present.

Describe the program/services offered (attach additional pages if needed):

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PLEASE READ CAREFULLY

- A. Exemptions approved by the department do not affect the authority of local, regional or state health department officials, the state fire marshal, local fire prevention officials, local or regional building officials or zoning officials to inspect and approve facilities and locations.
- B. An approved exemption is only valid at the address listed on the attached application.
- C. The exemption approval letter must be prominently displayed near the front entrance of the facility.
- D. A notice that the program is not licensed and is not required to be licensed by the state must also be posted in a conspicuous place and must contain letters at least ½ inch high and include the department's phone number (404-657-5562) and website address (www.dec.state.ga.us).
- E. Parents or guardians must sign a form indicating they have been advised and understand this program is not licensed. A sample copy of this form must be submitted with the exemption application.
- F. The program must maintain attendance records for all children.
- G. Parental acknowledgement forms and child attendance forms must be maintained on-site for one (1) year after a child is no longer enrolled in the program.
- H. All records must be made available to any authorized representative of the department upon request.
- I. If the program loses accreditation (if applicable), closes and/or ceases to operate, I/we must send written notice to the department within five (5) business days.
- J. Any substantial material changes such as but not limited to a change of physical location and changes in operating months, days, hours and ages served will require a new exemption application.
- K. The program may be required to update the department on the status of the program's exemption and other operating information.
- L. The department may rescind an exemption approval when the program:
 - i. No longer meets exemption criteria.
 - ii. Provided false information during the application process or during an investigation.
 - iii. Failed to comply with local, regional and state health department, fire marshal, fire prevention and building/zoning guidelines/requirements.
 - iv. Failed to provide the department with a valid and current e-mail address or other requested information.

AFFIDAVIT OF VERIFICATION

Georgia _____ County

I _____ (Printed name of applicant) declare that I have the authority to apply for this exemption, sign this document and enter into this agreement as or on behalf of the owner of this program. I am responsible for completing this document and I have read, understand and agree to comply with the contents of this document. The answers and information furnished by me on this application, including any attachments, are true and correct.

SWORN TO AND SUBSCRIBED BEFORE ME:

This _____ Day of (mo) _____, (yr) _____

*SIGNATURE OF APPLICANT/TITLE

SIGNATURE OF NOTARY PUBLIC

PRINTED NAME

My commission expires _____

DATE

***If private owner or partnership, the individual owner or a partner must sign as the applicant.**

***If Corporation, LLC, Association, the CEO, President, or manager/member (LLC) must sign as the applicant.**